1		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	000.
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at the deoth cer the ottending p nsit permit. The motion, or remo		1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN DISET AND DEATH
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4: The law requires the or ottending physicion. Ite hos been signed by use os the burial-transolth prior to burial, cre	Z	PART 2. OTHER SIGNIFICANT CONDITIONS <u>Contributing to death</u> but not related to the terminal disease or condition given in Part I(a) A.S. H.D.	
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The otte hos se of the pith put	E	YES NOSE CAUSES OF DEATH?	
AN: al or licate for u Heol		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 ar Part 2, Iter	n 1B.)
SIC Spit Spit Spit erfil led	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town	Caunty State
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ING by t ffer oe o		220 certify that (1) (this haspital) attended the deceased from 29 deline, 1968, to July 7, 196	that (1) (we) lost
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OR obe re		DEGREE PHYS. DEGREE PHYS. STAFF DIRECTOR PHYS.	-P-68
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230	BURIAL CREMATION, 23b DATE 1168 23 MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	County) (State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10622 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR Gentrude Phelps Arter (Type or print) 3. SEX 4. RACE 5. DATE OF BIRTH 5/22/1870 AGE (In years las (Ownhau) IF UNDER 1 YEAR White HOURS Female PHYSICIAN: The law requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State ar fareign 9. COUNTY OF DEATH 7b. CITIZENLOF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED Talbox country) WIDOWED TX DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give stree polices) Over St. 12a. USUAL OCCUPATION (Kind of work dane during/morestall) 10. CITY_OR TOWN OF DEATH 12b. KIND OF BUSINESS OR and in any event, with aston INDUSTRY please remove carban 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER DOVEN St. STATELANULand 13b. COUNTY albox caston YES X NO Middle Last 15. MOTHER'S MAIDEN NAME First Phelps Harriett Palmer Ina W. Theodore J. Anter, Baton Adorsinge, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) burial, crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: remenue DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES [TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 19 67, to July 1, 1968, that (I) (we) lost saw the deceased olive an 100, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 shauld shauld be filed with the couses stated above, (I) (we) (did) (did nat) view the body after death 22b. SIGNATURE 22c. DATE SIGNED 7-3-68 ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS P.O. Box 929, Easton, Md. 21601 NAME (Type) Stephen P. Carney, 239 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Ohio 23a. BURIAL, CREMATION, REMOVAL SPECIFO (County) (State) 2Sb. REGISTRAR'S SIGNATURE E. NEWWAM & SON, Easton, Md. VR A15 (4) 1968 30M REV. 1/68

MARYLAND STATE DEPARIMENT OF HEALTH

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FOR STATE	It	em#2aFilmG403 8/1/MEDICAL EXAMINER'S CERTIFICATE OF DEATH	623
HEALTH DEPT.	1. D	ECEASED-NAME () Airst Month Di	24 168 2b. HOUR
3. Pog	3. SI	EX A RACE 5. DATE OF BIRTH 6. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MIN. Month Doy	Year / C / 2d. HOUR
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J within 24 n pencil in Examiner's File poges n 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (95, na) or unknawn) (If yes greeword dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ROLL ST. I	St. DEWINE Cd
cuted in fical Estimate. Fi		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEAD INJURY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in ief Medical E. nosit permit. Fevent within		8/4, 7 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) (b) AUTO ACCIDENT	
		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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0 0 0	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO X
FR: This certificate, could be fores.		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year POIMARY OR CONTRIBUTING HOUR A.M.	L GOU
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blease e director director estoined birector rich burector		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .	
Ty, please red directed to prior to		ACTUAL SIGNATURE	
o DEPUTY JICAL EXAM necessary, please execute th the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S NAME (Type) FOR DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or caunty)	24-68
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		MAKTIAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
OR STATE	It	em#5, FilmG402 7/10 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10625
AITH DEPT.	1. D	CEASED-NAME First Middle Lost 20 DATE KNOWN Month	Doy Yeor 2b. HOUR
	(ype or Prima +RANK In Eugene BRICE DEATH MATED 7	2 1968
rm PM3. Page Department af	3. S	X 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
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		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) G-5 W. Newar	
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-	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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	MED	21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 2)t_LOCATION Street, R.F.D.No. (ity or Town	County Stote
		WHILE AT WORK	al mil
		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection [X Inquiry [and in my apiniar
	DI	death resulted fram: Natural causes , Accident , Suicide Hamicide Undetermined manner	
	80	CHIEF MEDICAL EXAMINER	
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
2		EXAMINER'S NAME (Type) WELTY DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	1- Y-6 B
0	230	BURIAL, CREMATION, 23b. DATE 7/5/68 23c. NAME OF CEMETERY OR CREMATORY Chapel Talbot	(County) (Stote) Maryland
30	24,	FUNERAL DIRECTOR T DO COLD 17 426 DO TOTO STRONG STRONG 250. REC'D BY REGISTRAR 256. REGISTRAR'S	
		Easton, Maryland DANUI - 8 1968 Action	as Judge

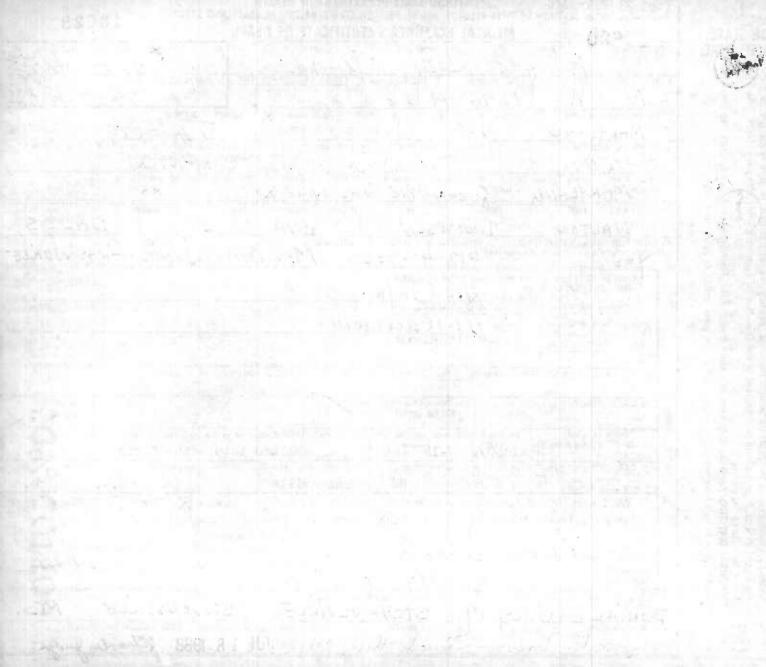
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10627 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR death. (Type or print) en burial, crematian, ar remayal, and in any event, within 72 hours after 4. RACE after lost birthday) MONTHS Negro 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH The law requires that the death certificate be executed within 24 hays 7a. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED "Virginia papers. physician and campletely filled in en please remove carban papers. USA DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) None 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13b. COUNTY Norfolk PortsmouthYES Temple St. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost Crowell.Sr. Georgianna Faulks Ben Portsmowth, Virginia 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes po ar unknown) 305 Woodstock St. 719 1423 Bernice Diggs 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stoting the underlying causes last. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M Month Day Year P.M director, page 3 shauld be detached shauld be filed with the State Dept. of 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 6 July, 19 GeV, to Guly, 19 GeV, that (I) (we) lost saw the deceased alive an 19 GeV, and that in (my) (our) opinian death accurred on the dote and hour and from the causes stoted obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIANAS NAME (Type) Memorial Hospital, Easton, Md. Carney 23d. LOCATION (City or Jown) (County)
Portsmouth Norfolk 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION (State) Va. REMOVAL (Specify) 7-13-68 Lincoln 9 426ADDBBver St. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Easton.Md.21601 DAJIII -30M REV. 1/68

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	17	tem 21 Film 402 MAKYLAND STATE DEPARTMENT OF HEALTH 25-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.000
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0628
HEALTH DEPT.		ECERSED NAME RYPE or Print) RONA 14 JOEI DASS 20. DATE KNOWN Month OF ESTI- DEATH MATED 7-	Day Year 2b. HOUR
5 m 2 m	3. S	EX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 Hrs. 15 UNDER 24 Hrs. 2c. DATE PRONOUNCED DEAD 19st bythdray) MONTHS DAYS HOURS MIN. Month Day	Year 2d Houp
2, and PM3.	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9. COUNTY OF DEATH	14 60 1 7 FAM
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ofter death Iny de 8. Give Poges 1, 2, and along with form PM3. with the Stote Departm	10.		12b. KIND OF BUSINESS OR INDUSTRY
	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d inside city LIMITS? Amissian APPRYLAND 13b. COUNT OPEN AND GRASON VILLEES NO	
hin 24 hours and in Item I miner's Office poges 1 and 2 hours after a	14. 1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle WALTON THOMPSON EVA E.	DADDS
MINER: This certificate should be executed within 24 the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medical Examiner's ur files. e 3 should be used as a buriol-tronsit permit. File pages emotion, or removal, and in any event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (16 yes give war or dates of service) 212 - 40 - 9557 MRS. BENNY JONES - G	RASONVILLE
should be executed with a word "pending" in perior to the Chief Medicol Exorburiol-tronsit permit. File in ony event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Head M(W)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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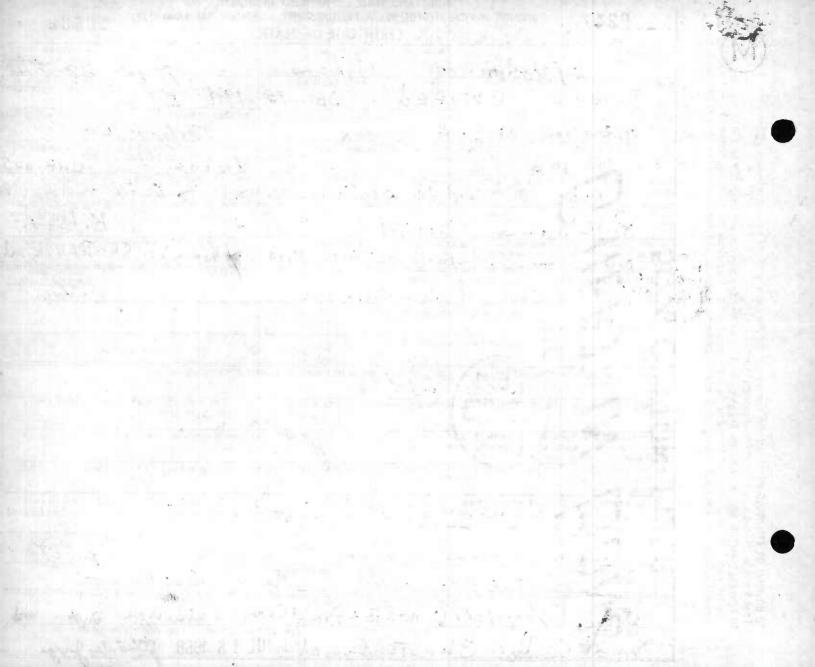
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10629 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH_DEPT. 1. DECEASED-NAME First 2g. DATE KNOWNISK Month 2b. HOUR (Type or Print) ESTI-Page DEATH MATED delay 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR and MONTHS PM3 Year 1968 ny MARRIED NEVER MARRIED 7o. 8IRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WIDOWED [DIVORCED [Give Poges the Chief Medical Examiner's Office olang with for 12b, KIND OF BUSINESS OR INDUSTRY 24 haurs after death 10. CITY OR TOWN OF DEATH HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done during most of working life_even if retired.) the 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN I and 2 with 13b. COUNTY admission) STATE in pencil in Item 18. YES Z NO ofter 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME Middle Last First BESSIE hours pages be executed within 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (Yes, no, of unknown) (If yes give war or dates of service) File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) permit. ETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY "pending" unnes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate couse (o), certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= farwarded to ond PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 remayal, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING EXAMINER: burial, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, 21f, LOCATION Street or R.F.D. No City or Tawn County Stote Yaur FUNERAL DIRECTOR: Page NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion retained Undetermined monner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED SIGNATURE pe O DEPUTY DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, or county) BURIAL, CREMATION DATE (County) (Stote) FUNERAL DIRECTOR REC'D BY REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

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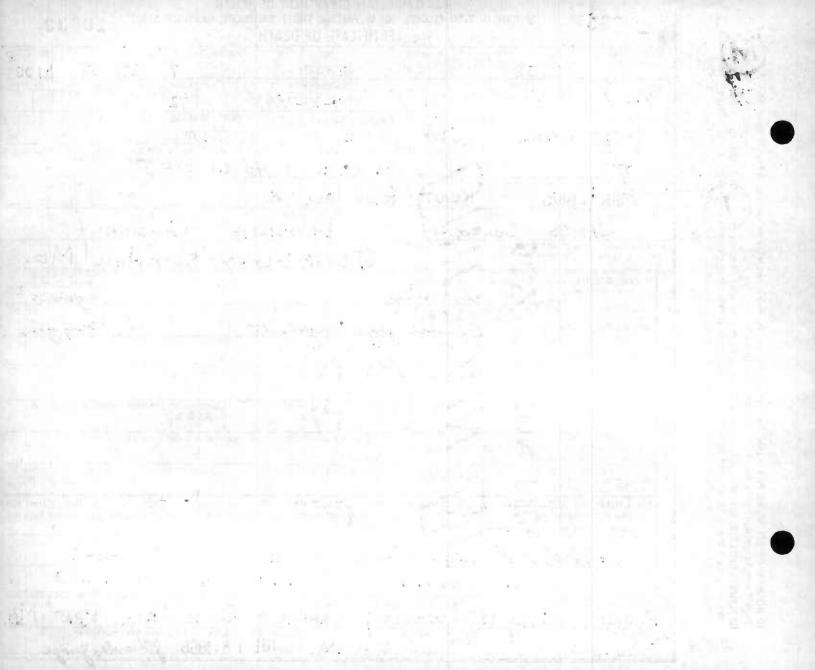
MARYLAND STATE DEPARTMENT OF HEALTH

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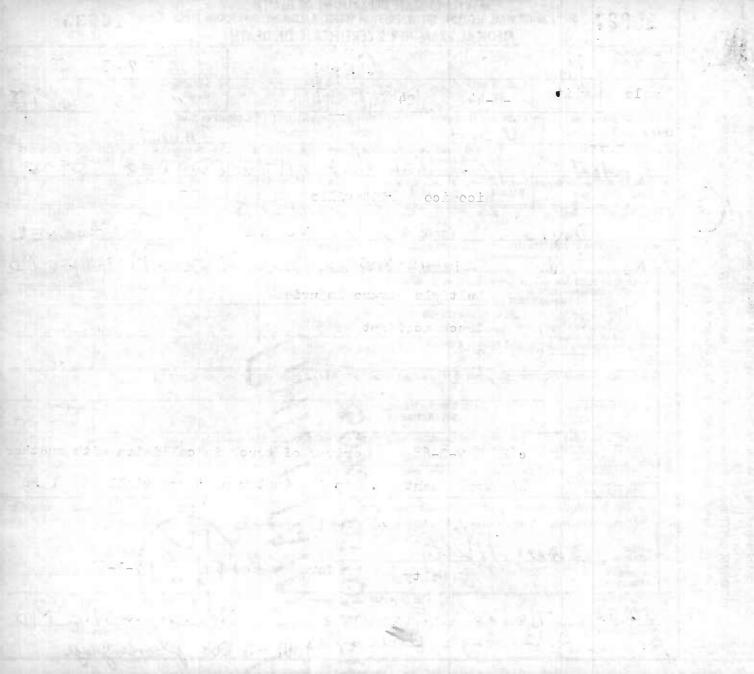


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10625 10633 CERTIFICATE OF DEATH 2b. HOUR p 1. DECEASED-NAME Last 2a. DATE OF DEATH (Type or print) ELSIE GLENN carban papers. Pages I ent, within 72 haurs after S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE requires that the death certificate be executed within 24 haurs after tely filled in by the f ban papers. Pages WHITE ast_birthday) DAYS FEMALE 9-13-1896 7o. BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED CHESTERTOWN WIDOWED TO DIVORCED [TALBOT 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) INDUSTRY EASTON 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO burial, crematian, or remaval, and in day ev 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First JODFRE the attending physician sit permit. Then please 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, no. or unknown) OCK 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 6 MIGHT Conditions, if ony, which gove) burial-transit rise to immediate cause (o). signed by Page 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the has been 5000 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO [od far use af Health p FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. directar, page 3 should be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark of work 22a. I certify that (1) (this hospital) attended the deceased from 3-13-68 saw the deceased olive an 19 and that in (mv) saw the deceased olive an. and that in (my) (our) opinion death occurred on the date and haur and from the causes stoted obove, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 7-15-68 DEGREE 22d. PHYSICIAN'S Box 929, Easton, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) 23a. BURIAL, CREMATION, 23b., DATE Wesley NIDO 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 1968 30M REV. 1/68_

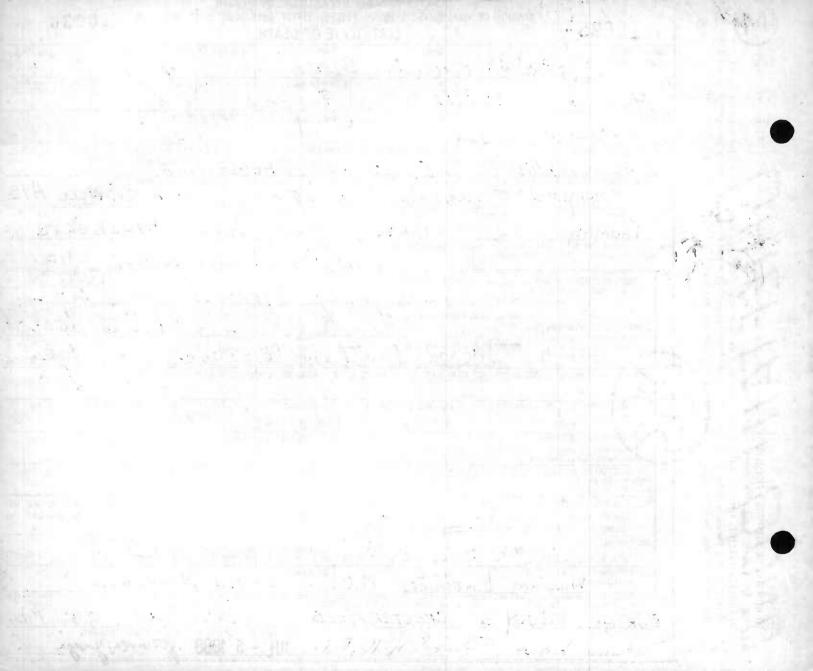


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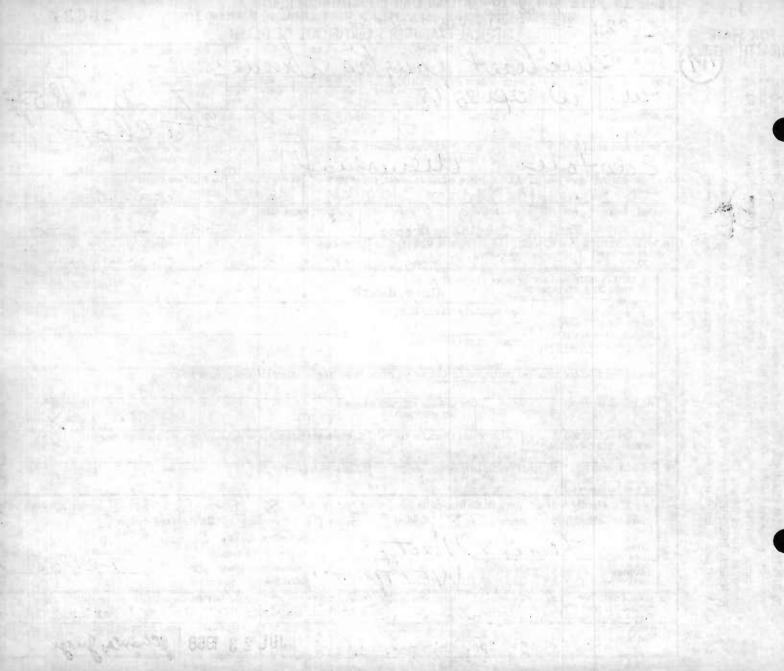
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR death. be executed within 24 haurs after death the funeral (Type or print) ma burial-transit permit.\Then please remove carbon papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 hours after 3 5FX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthdoy) DAYS HOURS YRS. 7b. CITIZEN OF WHAT 9. COUNTY OF DEATH = LAND WIDOWED [DIVORCED [completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired.) INDUSTRY remove carbon RESIDENCE (Where, deceased lived, if institution: Residence before, 13c. 13e STREET AND NUMBER LAND 13b. COUNTY DUCEN! KIDWELL 204 14. FATHER'S NAME Middle lost 1S. MOTHER'S MAIDEN NAME First pup ARK HOMAS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) (If yes give war ar dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (a)/(b)/ and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave rise to immediate cause (a), DUE-TO; OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16' has been see as the director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO F TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Nat while at wark L at wark 22a. I certify that (1) (this haspital), attended the deceased fram_ saw the deceased alive an-_19 6 , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (12 (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS EASTON NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (State) (County) ENTREVILLE CHESTERFIELD FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV.



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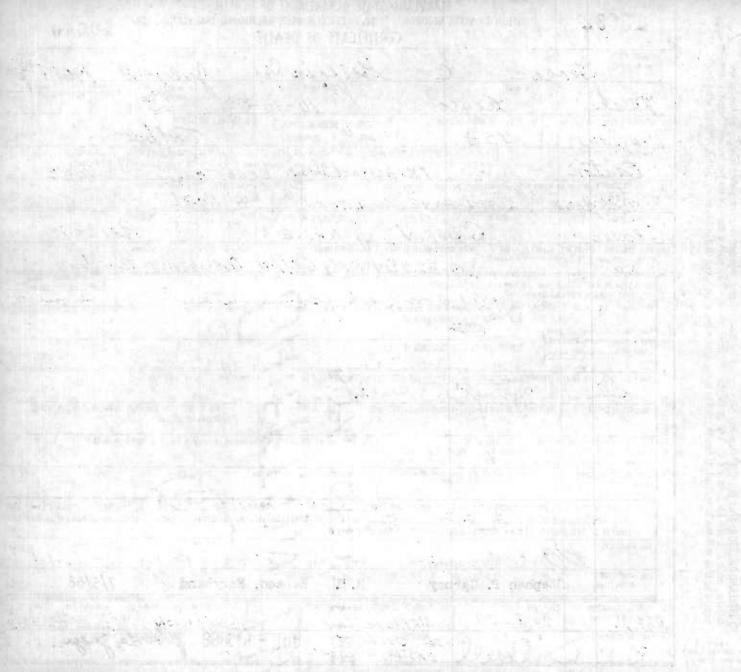
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 1. DECEASED-NAME Middle First 20. DATE KNOWN Month (Type or Print) Page o DEATH MATED delay ment 6. AGE III years IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 2c DATE PRONOLINCED DEAD 3. SEX ny dela 2, and PM3. Mogro 7-16- 1929 Day 7 Male Year 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Prizabath Sy. N. Car United WIDOWED [Talbot DIVORCED IL in Item 18. Give Pages with the Stat 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital after death 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR alang with during most of working life, even if retired NAUSTRY 978 street odder | Nospital Easten 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS 13e. STREET AND NUMBER 13b@G@UNTY 1 4 ma Merth 5th Etreet admission) STATE YES NO Office land 2 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Lost Tinney Griffin Eugene Begues Examiner's haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** executed within (Yes, per unknown) Officer Reger Schofield, Benton Police (If yellium war or dates of service) 240-52-6552 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) within BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shock from Exsanguination minutes pending the Chief Med peri DUE TO, OR AS A CONSEQUENCE OF Rupture of arch of Aorta and event burial-transit Conditions, if ony, which gove (b)rupture of left radial artery minutes rise to immediate couse (a). ward shauld DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse minutes Stab Wounds by Butcher Knife _= writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GLYEN IN PART 1(a) 83 attendant Possible alcohol Blood specimen distroyed by funeral removal used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES 🗀 pe shauld be 10 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY X OR CONTRIBUTING crematian, ladt Stabbed by friend CAUSE OF DEATH 21d. INJURY OCCURRED 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Penton Maryla d Caroline Home please execute 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X, ond in my apinion director. retained death resulted from: Natural causes Suicide [Homicide P Accident Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER funeral EXAMINER'S M.B. PLUMMER, M.D. DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health NAME (Type ADDRESS(Street, city, town, or county) Preston Caroline the 23o. BURIAL, CREMATION 23b. DATE 7-28-1968 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) PEMOVAL (Specify) Rebinsen's Semetery Sity N. Sereline 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Sharles W. Mill, Mortician, Benton, Md. DATE UL 29 1968 VR A15ME (5) 10M REV. 1/68

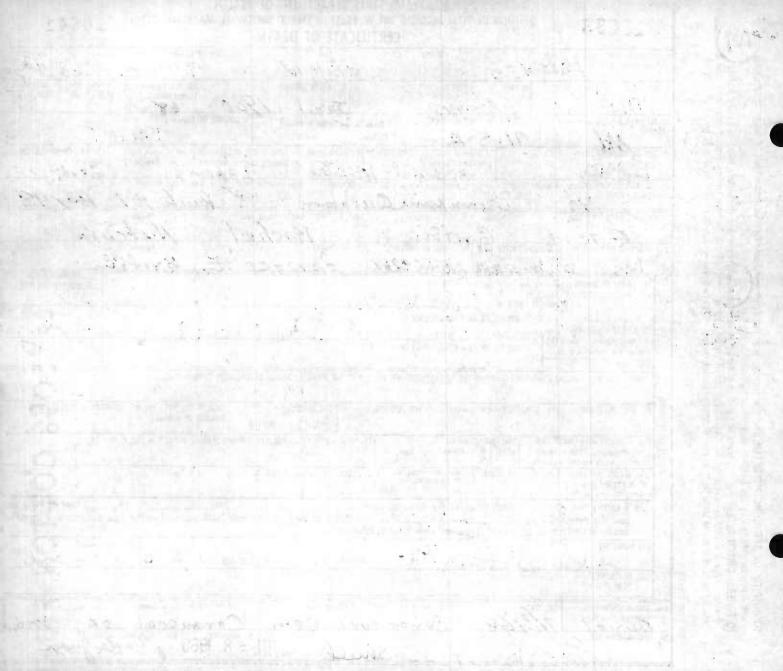
MARYLAND STATE DEPARTMENT OF HEALTH

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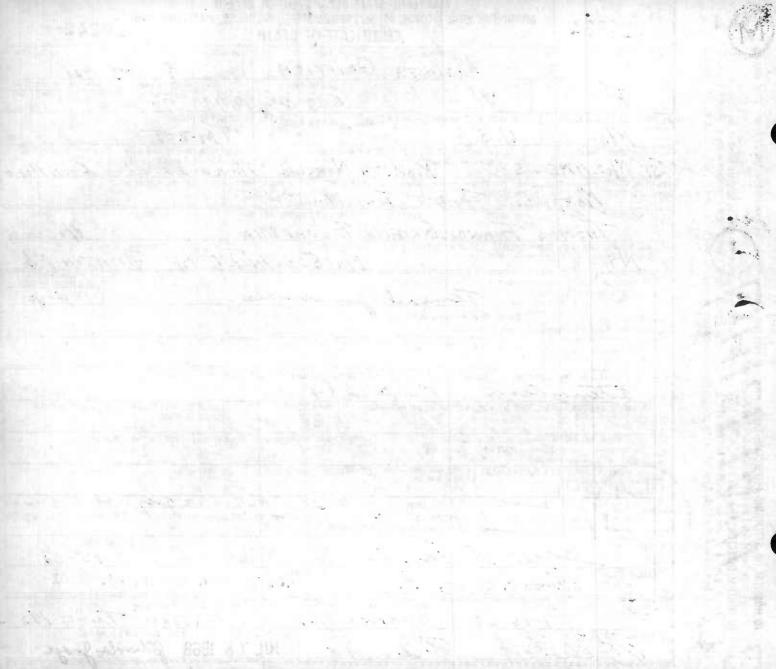
MARYLAND STATE DEPARTMENT OF HEALTH 10632 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10640 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME 20. DATE OF DEATH after death. papers Pages I and in 12 hours after death (Type or print) completely filled in by the funeral nave carbon paper. Pages 1 and 3. SEX 4 RACE IF LINDER 1 YEAR MONTHS 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country WIDOWED DIVORCED [MARVLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done detached far use as the burial-transit permit. Then please remave carbon pa e Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) INDUSTRY give street oddress). NONE 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? PURAL NO X 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First - EORGE 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH aldornal DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 may be retained by the hospital ar attending physician. stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 19 , and that in (my) _____, 19.68, ta_ . 19 6 7, that (I) pe saw the deceased alive an 3, 190, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (thid) (did not) view the bady after death. directar, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS Easton, Maryland 22d. PHYSICIAN'S 7/5/68 Stephen P. Carney NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) 7-8-68 ANNE 24. FUNERAL DIRECTOR VR A15 30M REV. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11633 10641 CERTIFICATE OF DEATH -ORENZO 1. DECEASED-NAME Middle 2a. DATE OF OFATH ician and campletely filled in by the funeral lease remave carbon papers. Pages 1 and 2 and in any event, within 72 haurs after death. within 24 haurs after death (Type or print) 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS DAYS HOURS YRS 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) DIVORCED [10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) INDUSTRY Trd 46V15 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN be executed admission) STATE YES NO P 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Hificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) burial, crematian, or remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: attendi IMMEDIATE CAUSE (a) requires that the dear DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior ta t as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19g. DATE OF OPERATION CAUSES OF DEATH? YES 🗔 NO [director, page 3 shauld be detached far use should be filed with the State Dept. af Health TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while at wark that + _, and that in (pw) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN 22e. ADDRESS NAME (Type) 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) BAMIERE av micae 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10642 CERTIFICATE OF DEATH 1. DECFASED-NAME Middle 20. DATE OF DEATH 2b. HOUR event, within 72 haurs after death] and (Type ar print) Month Yeor executed within 24 haurs after deat JRIFFITH 46457 1968 IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years 3. SEX last birthday) 0 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? emave carban papers. country) campletely filled in WIDOWED [DIVORCED [12a. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER YES NO 15. MOTHER'S MAIDEN NAME First Middle Address 17. INFORMANT requires that the death certificate Yes, no or onknown) (If yes give wor or dates of service) cremation, ar remaval, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending of Health priar ta far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 201. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED has CAUSES OF DEATH? NO 🗍 YES 🗍 FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M directar, page 3 should be detached should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 30 pale..., 19 47, to 3 parts, 19 45, that (I) (we) lost sow the deceased alive on 19 47, and thot in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on____ causes stoted obove, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 22e. ADDRESS P.O. Box 929, Easton, Md. 21601 22d. PHYSICIAN'S NAME (Type) Stephen P. Carney, 230 BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCALION (City or Town) 23b. DATE (County) (State) REMOVAL (Specify) SPRING HILL FASTON 0 2Sb. REGISTRAR'S SIGNATURI 2Sa. REC'D BY REGISTRAR DANJUL 1 8 1968



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ſ	18635 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	CERTIFICATE OF DEATH
	DECEASED-NAME LOST 20. DATE OF DEATH 2b. HOUR
((Type or print) Buhu GiRT Hammond July Day 8 Year 254
3. 5	SEX JA-RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 2 ARE
	FEMALE July 26, 1968 last britistay) YRS MONTHS DAYS HOURS MI
7a.	BIRTHPLASE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 7
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	Cus IN give street address) Ne during mast af warking life, even if retired.) INDUSTRY
13a adn	1. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Jac. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 102 RICE STREET
14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
-	CARROLL BENJAMIN HAMMOND JR LAUREN LANA LIERSON
	D. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (11 yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT, FATHER Address 102 Price St.
	100 ME CAIRICOIL D. HAMMEND JR CENTREVILLE, 110
	1B. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (t).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Claskinatory Tailure
	7762 DUE TO, OR AS A CONSEQUENCED O
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	nse to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	last. (c)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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MEDICAL	or contributing cause of Death HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19
W	21d. INJURY OCCURRED While Not while at wark at wark at wark
1	22a. I certify that (I) (this hospital) attended the deceased fram, 19, ta, 19, that (I) (we) ke
Н	saw the deceased glive on
	causes stated abave, (I) (we) (did) (did nat) view the bady after death.
	22b. SIGNATURE AND STAFF 22c DATE SIGNED
	DEBREE PHYS. U DIRECTOR PHYS. 19
	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS
230	23. DATE 23. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
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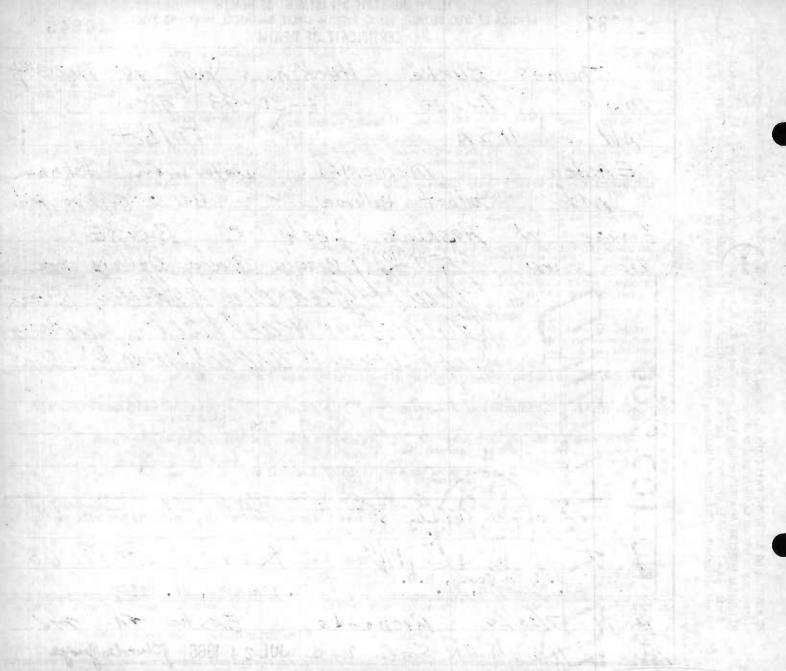
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10644 10636 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR death. requires that the death certificate be executed within 24 haurs after death (Type or print) Month BARTLETT lease remave carban papers. Pages 1 and in any event, within 72 haurs after S. DATE OF BIRTH 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years and campletely filled in by the t APRIL 21, 1887 last birthday) 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED TALBOT U.S. A WIDOWED [DIVORCED [MARULAND
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.

SERFOD PACKER

INSIDE CITY LIMITS? 13e. STREET AND NUMBER **INDUSTRY** EASTON MEMORIAL 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN admission) STATE
MARULANT 13b. COUNTY BOT YES X NO T MORRI DXFORT STREET 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle MAILLIAM HARRIS EMMA BARTLETT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) attending phyar remaval, 215-38-146 MRS. AUBREU B. HARRIS OXFORD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), signed by the burial-trans DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) neumonia has been as the priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NONE YES 🗀 NO F director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health Page 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from John 1968, to John 1968, to John 1968, that (I) (we) lost sow the deceased alive on John 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. 68 DEGREE DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME (Type) 210 DEVER 230. SURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) (County) REMOVAL (Specify) SPRING HILL 8.1968 EASTON MD VR A 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH 19837 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10045 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR First ican and completely filled in by the Joneral lease remave carban papers. Pages 1 and 2 and in any event, within 72 haurs after death. (Type or print) DMAS 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR DAYS MONTHS ! HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT OUNTRY? 9. COUNTY OF DEATH MARRIED T NEVER MARRIED executed within 24 ha country) DIVORCED [WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) nive street address) Water man 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNT YES -14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First First Lost pe PAVOP 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 4904 (If yes give war or dotes of service) Yes, no, or unknown) burial, crematian, or remayal, APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: requires that the death IMMEDIATE CAUSE (o) CONSEQUENCE DUE TO. Conditions, if ony, which gove burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached far use as the te Dept, of Health prior ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO T FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while ot work 22a. I certify that W (this haspital) attended the beceased from pe _19 DP, and that in (my) (our) apinian death accurred an the date and hour and fram the saw the deceased alive an director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nath view the bady after death 22b. SGNATURE STAFF DEGREE DIRECTOR PHYS. R. Lane Wroth Michaels, 22e. ADDRESS NAME (Type) St. Michaels. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) 0 24. FUNEKAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15 (4) 1968 30M REV. 1/68



a 1	Ttems 18&222Film 404 MARYLAND STATE DEPARTMENT OF HEALTH 8-26-68 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	646
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	Yeor 2b. HOUR
ay is 3 ta 3 ta 10 to 10	DEATH MATED 7 27	
a de la de	3. SEX Female White 8-19-1895 6. AGE (in years lif under 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. 25 PRONOUNCED DEAD Month 7 Doy 25	eor 1968 2d. HOUR
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s after death 18. Give Pages 1, atang with farm 2 with the State D.	Easton Memorial Hospital during most of working life, even if retired.) INDUS	IND OF BUSINESS OR NOTE
alea wi	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lac. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13D COUNTY LIMITS? NO School Street	
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within pencil xamine ile page 72 hau	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dates of service) 222-14-7357 Elsie Cain Marydel, Delawar	е
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VR A15ME (5) 10M REV. 1/68	S. Boulais Greensboro, Md. DATEJUL 31 1968 Charles	Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10639 10647 CERTIFICATE OF DEATH DECEASED-NAME Lost 2a. DATE OF DEATH 2b. HOUR be executed within 24 hours after death (Type or print) Greeley Kennedy Horace 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS completely filled in by the function of the follower corbon papers. Pages y event, within 72 hours after last of day) Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED femove corbon papers. Talbox Maryland DIVORCED WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) **INDUSTRY** rappe 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 3c 21 Maple Ave. Inappe end in ony 1s. MOTHER'S MAIDEN NAME First Martha Blades 14. FATHER'S NAME Middle Middle pulo First Last Peter Kennedy attending physician permit. They please requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, no, or unknown) Mrs. Horace G. Irappe. 218-16-6002 Kennedu. buriol, cremotion, or remove APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) buriol-tronsit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been see as the the prior to b 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T Health 1 this certificote 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Doy director, page 3 should be detoched I should be filed with the State Dept. of (If either, notify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City or Town County While Not while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this maspina) attended the deceased fram July saw the deceased alive an___ 1968, and that ih (my) (aur) apinian death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did hat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Stephen Carnev P.O. Box 929, Easton, Md. 21601 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, REMOVMED PROCESS (County) (Stote) rappe 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR E. NEWNAM & SON. Easton. 1968 30M REV.

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Britishiza		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	10649
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. D	DECEASED NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOUR
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TO DEPUTY necessary, it the funeral 5 may be r O FUNERAL Health price	230	BURIAL, CREMATION, 23b. DATE 23s. NAME OF CEMETERY OR CREMATORY 28d. LOCATION (City or Town)	(Count) (State)
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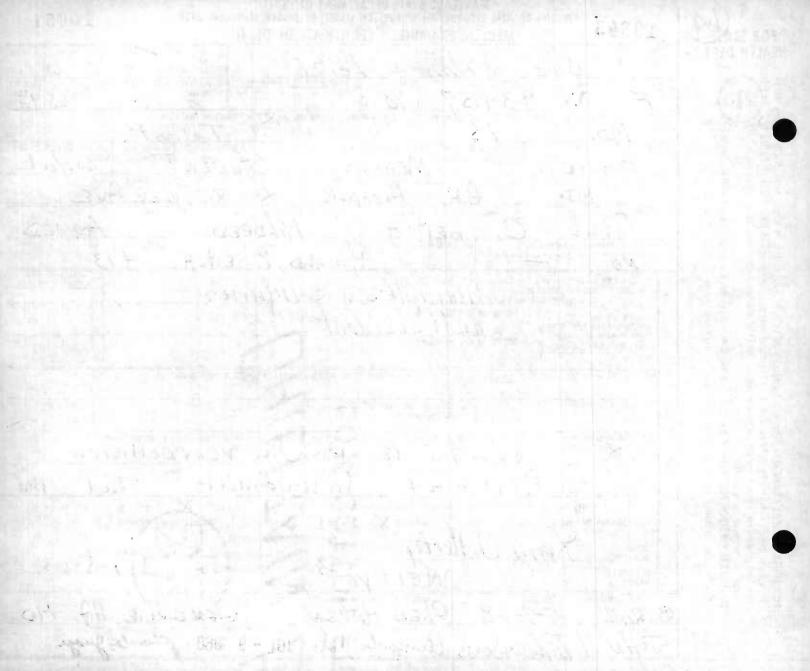
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10650 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH, DEPT. 1. DECEASED-NAME First Middle Last 2a. DATE KNOWNX Manth 2b. HOUR Year (Type or Print) PAUL CATTERTON LEITCH ESTI-6819 d8A M DEATH MATED S. DATE OF BIRTH 10-26-22 IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years 2c. DATE PRONOLINCED DEAD 2d. HOUR male white pages lond 2 with the State Deportme Year 9. COUNTY OF DEATH
TALBOTT 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with during most of working life, even if retired.) nr Wye Mills Md 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 810 Tyter Ave Md AA Annapolis YES NO ofter 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME ₽. forworded to the Chief Medical Exominer's pencil 17. INFORMANT **ADDRESS** # 13 KONALD __ within APPROXIMATE INTERVAL This certificate should be executed CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Multiple severe injuries immed DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Canditions, if any which gave) (b) Auto accident rise ta immediate cause (a). please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) or removol. nseq 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T should be 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING cremation, EXAMINER: 2 car collision CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State Rte 508404 FUNERAL DIRECTOR: Page NOT WHILE Talbot Md nr Wye Mills 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry , ond in my opinion Natural causes , Accident . death resulted from: Suicide . Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 moy ro FUNE Health Welty ADDRESS(Street, city, tawn, or county) NAME (Type) BURIAL, CREMATION 23b. DATE 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S

MARYLAND STATE DEPARTMENT OF HEALTH

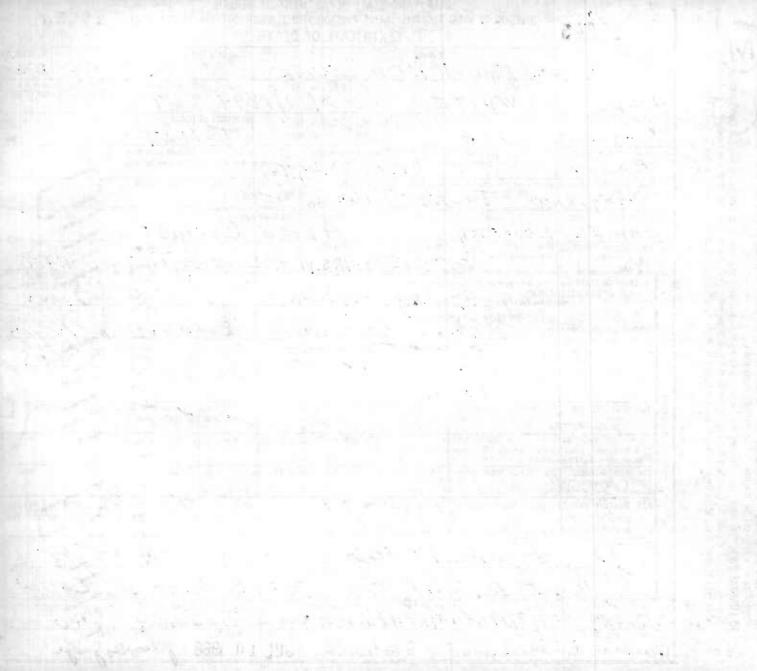
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HEALTH	DEPT.	1. D	ECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOUR
is o se	-to	(Type or Print) Sue Ann Leitch DEATH MATED 7	5 1968 M
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please e.	REC to b			
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SSary, I	RAI		SIGNATURE ASSISTANT ASSIST	-5-68
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ro DEPUTY necessary, the funera	5 may TO FUNE Health	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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	0.1	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
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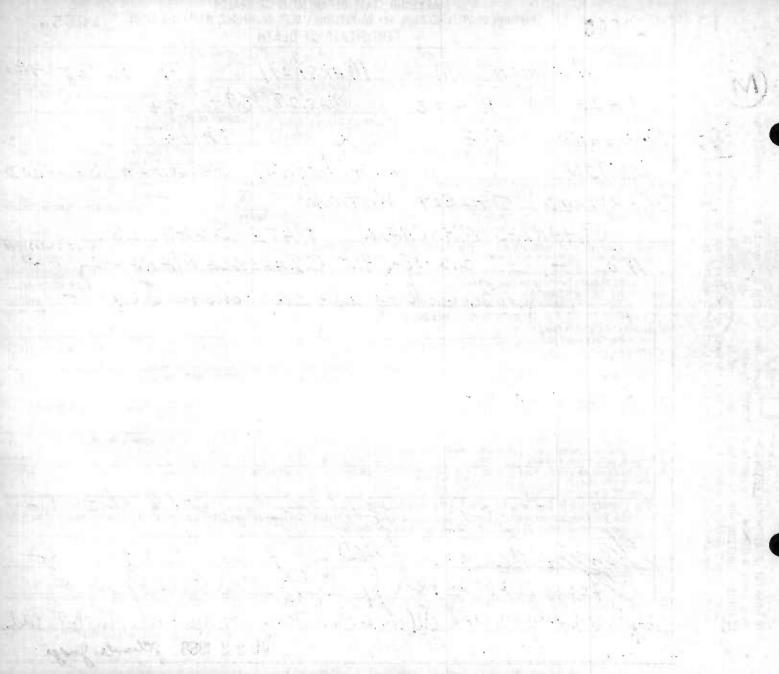


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		MARYLAND STATE DEPARTMENT OF HEALTH
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 0 5 5 7 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and 2 nation, or removal, and in any event, within 72 haurs after death. The law requires that the death certificate be executed within 24 haurs after death (Type or print) 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 6. AGE (In years IF UNDER I YEAR lost birthday) MONTHS HOURS female white July 15. I968 YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U.S.A. WIDOWED | DIVORCED A 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) button factory give street address), 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 136. COUNTY Caroline Federalsburg Idlewild section 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Joshua F. Covey Sarah A. Smith 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) (If yes give war or dates of service) 218-20-5274 John R. Payne Towson, Md. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
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IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH burial, cremation, signed by the burial-transit p Conditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 3 should be detached far use as the with the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 3 should be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 7 - 10 , 19 67, ta 7 - 19 67, that (I) (we) last saw the deceased alive an 19 3, and that in (my) (our) apinian death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 7-15-68 ATTENDING MED. DIRECTOR STAFF PHYS. director, page 3 should be filed v DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Stephen P. Carney M. D. Easton, Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) REMOVAL (Specify) - Derad 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR gralalores NUTURA

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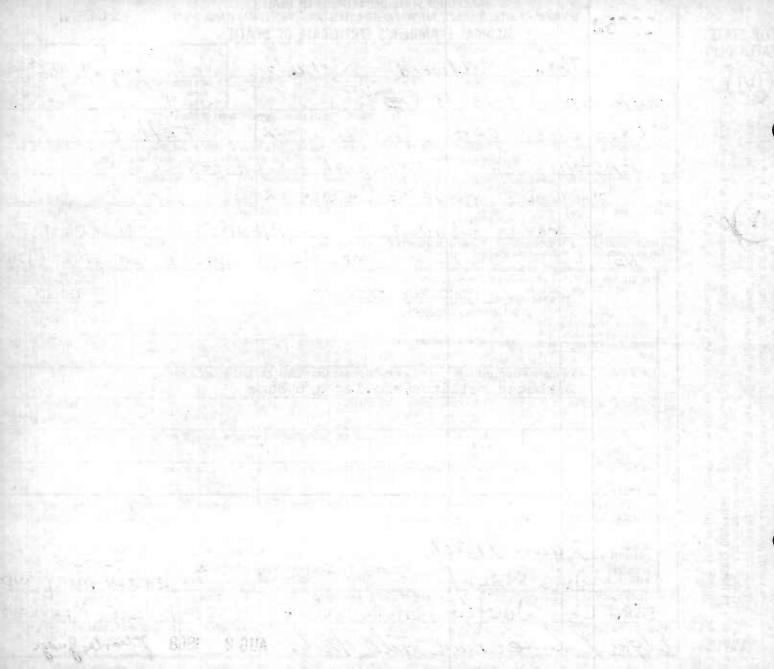
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Afte be Sto	saw the deceased alive an 1968, and that in (my) (voi) opinion death accurred on the dote and haur and from the
The state of the s	causes stoted above, (1) (we)(did not) view the bady after death.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10663 CERTIFICATE OF DEATH 1. DECEASED-NAME First 2a. DATE OF DEATH Middle Last ician and completely filled in by the funeral Trage remave carban papers. Pages 1 and 2 and in any event, within 72 haurs after death. certificate be executed within 24 hours after death (Type or print) Manth MARY COMPORT STANDI FORD Tulv 3. SEX 4. RACE IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years last birthday) DAYS White March 18, 1879 **Female** 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIER NEVER MARRIED (COUNTRY) Maryland USA WIDOWED [DIVORCED Talbot County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife give street oddress) Neavitt 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Talbot odmission) STATE
Maryland YEX X NO Neavitt 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First **First** Middle Lost Middle Last Toseph Keller Barbara Smith 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Standiford. Harry G. Neavitt. Marvland burial, crematian, ar remayal none 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) requires that the death attendin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES be detached far use State Dept. af Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County Stote While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 19 and that in (my) (our) opinion death occurred an the dote and hour ond from the sow the deceased alive on_ director, page 3 shauld shauld be filed with the causes stoted above. (1) (we) (did) (did with view the body after death. 22c. DATE SIGNED ATTENDING DIRECTOR 22d. PHYSICIAR'S 22e ADDRESS NAME (Type) GUY M. REESER. St. Michaels, Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) July 5, 1968 Parkwood Cemetery Baltimore, Maryland 2So. REC'D BY REGISTRAR UNERAL DIRECTOR 1968 30M REV. 1

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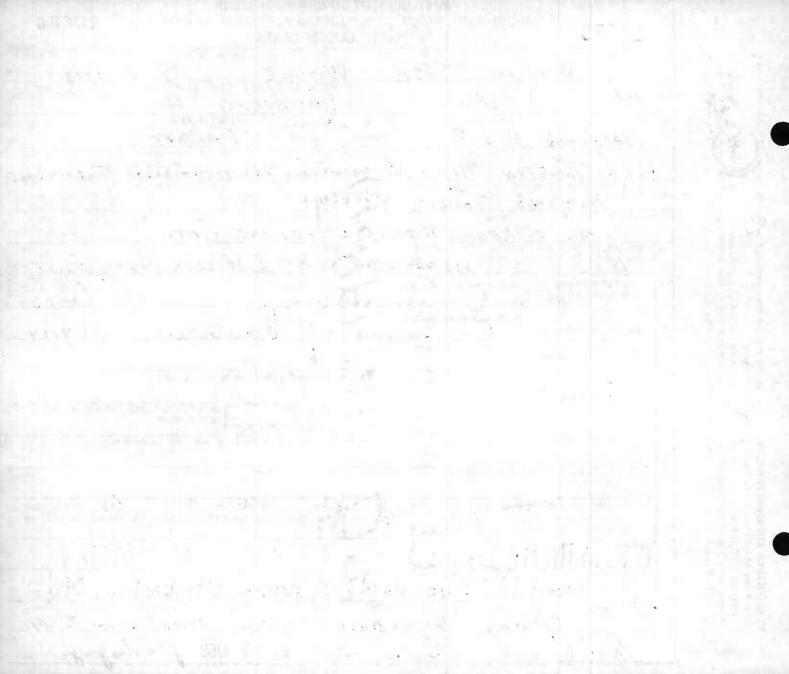
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10665 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN Month 1. DECEASED-NAME CAREMiddle EALTH DEPT. BLMER WARNER OF ESTI-DEATH MATED [(Type or Print) 2, and 3 to PM3. Poge Carev to 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 3 SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR W Yeor M Sept 24, 1888 79 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Talbot. Office along with form country) Maryland USA WIDOWED TO DIVORCED Oueen/Anne/s County Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) MEMORIAL 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH EASTON 12o, USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
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Rts 301&213 moy be retained for your FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK Md nr Centerville pleose execute 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry [and in my apinian death resulted fram: Natural causes Accident X. Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE To FUN. 7-23-68 FORPUTY MEDICAL EXAMINER TX **EXAMINER'S** Welty ADDRESS(Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) REMOVAL (Specify) July 26. 1968 Olivet Cemetery St. Michaels, Talbot.Md Burial 2So. REC'D BY REGISTRAR LINERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

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		Yes, no, ar unknown) (If yes give war or daies of service) 412-15-5556 MRS WY S. WILLS THERE	APPROXIMATE INTERVAL
signed by the ottending physicion ond complete burial-transit permit. Then please remove carb burial, cremation, or removol, and in ony event,		18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OB AS A CONSEQUENCE OF	BEDMEEN GINSET AND DEATH
		Conditions, if ony, which gove rise ta immediate cause (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	Year.
	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
X	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?	
	MEDICAL C		Caunty State
		While at work at work 220. I certify that (1) (1) (1) otte ded the deceased from 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
		sow the deceased alive an	te ond haur and from the
1		DEGREE ATTENDING MED. STAFF DIRECTOR PHYS.	DATE SIGNED
1	230	NAME (Type) ROBERT M. MSD ON OLAMO S. HONSON ST. Easton Strates of CEMATORY 236. DOTE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	M. Md.
X		FUNERAL DIRECTOR 250. REGISTRAR 250.	(County) (Stote) SIGNATURE
68		Nother Last Toeston mg JUL 15 1968 golianla	o Judge



10050 DI	VISION OF VITAL RECORDS, 301 W. PR	DEPARTMENT OF HE		
	FilmGMEDICALJEXAMINER			10667
HEALTH DEPT. 1. DECEASED NAME (Type or Print)	LLANS FIJ Willson Middle	XXXXXXXXXXXX		onth Doy Yeor 2b. HOUR 1968 / OP M
3. SEX 4. RACE male whi	s. Date of Birth 6. AGE (lost bir 52)	In years IF UNDER 1 YEAR Inthony) MONTHS DAYS H	IF UNDER 24 HRS. AOURS MIN. 2c. DATE PRONOUNCED DEA Month 7 Doy	/
70. BIRTHPLACE (Stote or foreig	USA	MARRIED NEVER MARRIE WIDOWED DIVORCE		Mo
Office oduth of the poor of th	11. NAME OF HOSPITAL OR INST give street oddress Route 50		120. USUAL OCCUPATION (Kind of work do during most of working life, even if retire Security of second	
130. USUAL RESIDENCE (Where odmission) STATE lary		0.11.	SIDE CITY LIMITS? 136. STREET AND NUMBER 5 101 (ross	swood Ave.,
TEN NY TILLAN TION	Willson		tte Townsend	Lost
within within pencil. [160. MAS DECEASED EACH IN U.S. 1. [160. WAS DECEASED EACH IN U.	ARMED FORCES? If yes give out in dotes of service) Little of the service of		ed Willson, Baltin	
Death (E PART I. DEATH WAS Conditions, if only, which	Enter only one couse per line for (o), (b), ond (c).) S. CAUSED BY: IMMEDIATE CAUSE (o) O YOURY	occlusio	n	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
PART I. DEATH WAS Conditions, if only, which rise to immediate cous				
PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1(0)	
2 9 - 4 9 5	19b. CONDITION FOR WH WAS PERFORMED?	ICH OPERATION		20. AUTOPSY? YES \(\square\) NO \(\frac{1}{2} \)
PRIMARY TO OR CONTRIR		21c. HOW INJURY OCCUR	RED (Enter noture of injury in Port 1 or Port	1 2, Item 18.)
= 9 × 4 % 9	21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)	21f. LOCATION Street or R.	F.D. No. City or Town	County Stote
22a. I certify t	that I toak chorge af the remains described	_	, Inspection Inquir	
place of director of director of director of director of director of director of death resulted by the place of death resulted for the place of death resulted	Comis D. Multe		NEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	WELPS	DEPUTY	MEDICAL EXAMINER S(Street, city, town, or county)	7-4-68
230. BURNAL (REMATION		METERY OR CREMATORY AWA MEMORIAL	22 PK. 23d. LOCATION (City or Town)	TALBOT. MD.
VR A15MEST 10M REV. 1488 THRUSSA EV	Review & Lon Cas	store Md DA	0 4000 Mel-	RAR'S SIGNATURE

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	MARYLAND STATE DEPARTMENT OF HEALTH	
The state of the s	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21207	2
	19660 CERTIFICATE OF DEATH WORE SAN	2
of 2 of b.	CEASED-NAME First Middle Lost 20. DATE OF DEATH 20. H	IOUR
er deoth. funerol 1 ond 2 er deoth.	FRUNCES MOORE WOOD SULLY 10 19683	A
offer of fur offer offer offer of the fur of	4. RACE S. DATE OF BIRTH OAGE (In years If under Year If under (Year If under Year) North Oays Hours	24 HRS. MIN.
by the Page	TEMALE VHITE THRE 29,1912 56 YRS	
A	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
77.77	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS)	M
The low requires that the deoth certificate be executed within 24 hours ofter deoth ottending physicion. has been signed by the ottending physicion and ("mpletely filled in by the funeral se as the buriol-transit permit. Then please remove evarions peopers." Pages 1 and 2 th prior to buriol, cremation, or removal, and in any event, within 72 hours ofter deoth	Give street address) We Mork i ale during most of working life, even if retired.) HOUSTRY HOUSE WIFE	UK
mpletely e carbon ent val	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
d e g	SSION) STATE MARYLAND 136. COUNTY JALBOT TASTON YES NO 704 WYEAVE	
ond rem	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
ote be ex icion ond leose rem ond in on	OSCAR MOORE FITA SMITH	
ficote be ysicion or pleose ol, ond in	WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (If yes give wer or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
of the deoth certificote by the ottending physicion nsit permit. Then please smation, or removol, and	LARLED, NOOD EASTON, MID	
h ce Th	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	AL
leot mit.	IMMEDIATE CAUSE (0) Clente myoraled infactor amedi	ite
he of per fion	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
at to	nise to immediate cause (a),((b)	-
quires that thy physicion. signed by the buriol-tronsit buriol, cremat	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF last.	
hysing hysione gane urio	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ICIAN: The low requires that the deoth certific pitol or ottending physicion. Tificote has been signed by the ottending phys of for use os the buriol-tronsit permit. Then pot Heolth prior to buriol, cremation, or removol,	4201	
low endir	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
The low range of the speed of t	YES NO CAUSES OF DEATH?	
AN: ol or icote for u Heol	21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
price price of the of t	(If either, notify medical examiner) P.M. 19	
by the hospital or fire this certificate be detached for u State Dept. of Healt	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County St. While 10 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)	ote
the Det	of work of work) I
IDIN J by Afte J be Sto	22a. I certify that (I) (this hospital) ottended the deceased fram 4 - 16 , 19 68, to , 9 69, 19 68, that (I) (we saw the deceased glive an	n th
OR:	causes stated abave, (I) (viv) (did) (did not) view the body after death.	
reference with with	22b. SIGNATURE ATTENDING DEGREE ATTENDING DIRECTOR STAFF 7 - 1 0 - 6	5
y be	22d PHYSICIAN'S	-
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transoluld be filed with the State Dept. of Health prior to burial, creating the prior to burial, creating the prior to burial, creating the prior to burial.	NAME (Type) Stephen P. Carney, M.D. Easton, Maryland	
HOSI Je 4 UNE ecto ould	BURIAN, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	
5 5 5 5 V	REMOVAL (Specify) TULY 12.68 SPRING HILL EASTON TAL. MD	>
VR A SA	UNERAL DIRECTOR 256. RECI'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
30M REV. 11 68	Moho beck Gaston Md DANUL 15 1968 golianles Judge	

